

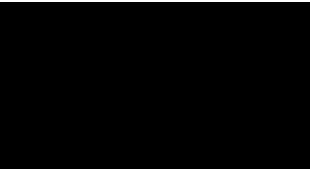
Page 1 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Bacon, Victoria
Address: 
City, State, Zip Code:
Home/Work Telephone:
Email Address:

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Lipscomb University
Address: 1 University Park Dr.
City, State, Zip Code: Nashville, TN, 37204
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

While Victoria was a student at Lipscomb, the administration repeatedly refused to grant official status to the LGBT student group Victoria joined. Lipscomb officials failed to address complaints submitted by Victoria and others regarding harassment and discrimination perpetrated by students and school officials on campus. Because of Lipscomb's culture and rules, as well as the experiences of Victoria's peers, Victoria did not feel safe reporting a sexual assault against them to Lipscomb officials. Examples of the discrimination Victoria endured include: 1) A Lipscomb administrator told Victoria that any events they proposed would require a longer approval process than those submitted by others, because they would be considered "gay" events. 2) A Lipscomb football coach speaking at school chapel event Victoria attended compared gay men to "demon-possessed pedophiles." See attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
- 2) The Trump administration's policies and statements about religious exemptions to Title IX;
- 3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
- 4) Although the initial act of discrimination took place more than 180 days ago, Victoria's complaint should not be considered time-barred because Lipscomb continues to discriminate against Victoria and to promulgate policies and practices that discriminate against LGBTQ+ students.

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8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

Yes

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

See attached declaration.

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Victoria would also like Lipscomb's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Lipscomb in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Lipscomb will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or

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other code of conduct violations; and (5) Lipscomb's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Lipscomb, including housing and other programs

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 26, 2021

(Date)



(Signature)

Victoria Bacon

Victoria Bacon (Jul 26, 2021 14:12 CDT)

(Signature of person in Item 2)

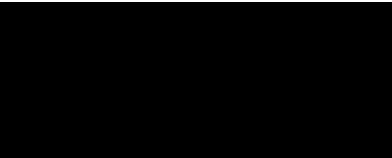
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**DISCRIMINATION COMPLAINT
FORM
to the
United States Department of
Education Office for Civil Rights**

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Bonestroo, Avery
Address: 
City, State, Zip Code:
Home/Work Telephone:
Email Address:

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Dordt University
Address: 700 7th St. NE
City, State, Zip Code: Sioux Center, IA, 51250
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Dordt publishes anti-LGBTQ+ policies in its student handbook, including a prohibition on advocacy for LGBTQ+ rights. Dordt's policy states that students can be expelled for forbidden behavior. Professors and other students have told Avery to dress more femininely. Avery feels forced to use their birthname, hide their relationship with a woman, and use female pronouns because of the risk of discipline for doing otherwise. Avery fears filing a Title IX complaint through the school about the hostility they have experienced from other students because of the risk of discipline and potential expulsion. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Avery's complaint should not be considered time-barred because Dordt continues to discriminate against Avery and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

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9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Avery would also like Dordt's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Dordt in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Dordt will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Dordt's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Dordt, including housing and other programs

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12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/23/2021

(Date)

Jul 26, 2021

(Date)



(Signature)



Avery Bonner (Jul 26, 2021 20:47 CDT)

(Signature of person in Item 2)

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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren L.
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle
Address:
City, State, Zip Code:
Home/Work Telephone:
Email Address:

Nathan Brittsan


3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Fuller Theological Seminary - Bay Area
Address: 320 Middlefield Road
City, State, Zip Code: Menlo Park, CA 94025
Department/School: NA

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and marital status

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Nathan was expelled from Fuller Theological Seminary after the school discovered he was married to a man. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) The discrimination against Nathan remains ongoing, as his same-sex marriage prevents him from being readmitted to complete his degree program. Although the initial act of discrimination took place more than 180 days ago, Nathan's complaint should not be considered time-barred because of the ongoing discrimination.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

X Yes

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

See attached declaration

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9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court for the Central District of California

Date Filed: 11/21/19

Case Number or Reference: 2:19-cv-09969-CBM-MRW

Results of Investigations/Findings by Agency or Court: Complaint dismissed based on religious exemption to Title IX provisions, appeal filed and pending

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Nathan would also like Fuller Theological Seminary's policies amended to state that 2) same-sex dating relationships and displays of affection will be treated by Fuller in the same manner as opposite-sex dating relationships and displays of affection; (3) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (4) Fuller will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (5) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (6) Fuller's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Fuller, including housing and other programs.

Compensation for emotional distress and economic consequences of expulsion.

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12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/07/2021

(Date)

Jul 8, 2021

(Date)



(Signature)

Nathan T. Brittsan

Nathan T. Brittsan (Jul 8, 2021 15:43 PDT)

(Signature of person in Item 2)

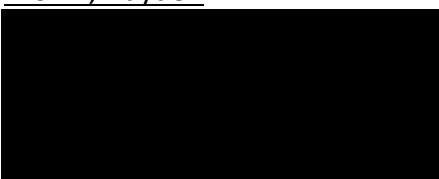
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Brown, Hayden
Address: 
City, State, Zip Code:
Home/Work Telephone:
Email Address:

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: York College
Address: 1125 E. 8th Street
City, State, Zip Code: York, NE, 68467
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

The administration and Title IX staff discipline Hayden on an ongoing basis for dressing and behaving in a manner reflecting their gender identity. The administration does not allow an LGBTQ student alliance Hayden joined at York to meet on campus. The York administration has refused to adjust its code of conduct to treat all students equally, insisting on maintaining policies that target LGBTQ students for discipline for the same behaviors that sexual majority students are allowed to practice. See attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Hayden's complaint should not be considered time-barred because York continues to discriminate against Hayden and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

Yes

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed,

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures
the decision in the matter.

See declaration attached.

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Hayden would also like York's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by York in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) York will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) York's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of York, including housing and other programs.

Page 1 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle C., Brooke
Address: 
City, State, Zip Code:
Home/Work Telephone:
Email Address:

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Cedarville University
Address: 251 N. Main St.
City, State, Zip Code: Cedarville, OH, 45314
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation.

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Cedarville's undergraduate student handbook includes anti-LGBT policies. Cedarville has expelled students for coming out as gay. As a result, Brooke cannot use her real name or express her sexual orientation for fear of being dismissed or losing their degree. Brooke is aware of student statements that Cedarville uses its religious exemption to Title IX to dismiss sexual assault and harassment complaint. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
- 2) The Trump administration's policies and statements about religious exemptions to Title IX;
- 3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
- 4) Although the initial act of discrimination took place more than 180 days ago, Brooke's complaint should not be considered time-barred because Cedarville continues to discriminate against Brooke and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

Agency or Court: U.S. District Court - District of Oregon - Eugene Division**Date Filed:** 03/29/21**Case Number or Reference:** 6:21-cv-00474-AA**Results of Investigations/Findings by Agency or Court:** Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Brooke would like Cedarville's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Cedarville in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Cedarville will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Cedarville's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Cedarville, including housing and other programs.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/23/2021

(Date)

Jul 26, 2021

(Date)



(Signature)

Brooke C.

Brooke C (Jul 26, 2021 10:39 PDT)

(Signature of person in Item 2)

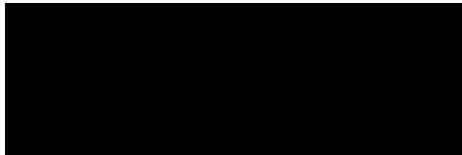
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

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Last Name, First, Middle Swain, Lauren
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City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Campbell, Gary
Address: 
City, State, Zip Code:
Home/Work Telephone:
Email Address:

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Clarks Summit University
Address: 538 Vernard Rd.
City, State, Zip Code: Clarks Summit, PA, 18411
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation.

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Clarks Summit publishes anti-LGBT policies in its student handbook. Gary was reported to Clarks Summit officials for homosexual behavior by a dorm monitor who encouraged Gary to engage in sexual behavior with him. Gary was disciplined for homosexual behavior by Clarks Summit officials on other occasions, including being denied full-time attendance or the option of living off campus. Gary left Clarks Summit but attempted to re-enroll to complete the six credits he needed for graduation. Clarks Summit refused to re-enroll Gary or allow him to graduate. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Gary's complaint should not be considered time-barred because Clarks Summit continues to discriminate against Gary and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

Yes

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

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See attached declaration.

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Gary would like Clarks Summit's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Clarks Summit in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Clarks Summit will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Clarks Summit's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Clarks Summit, including housing and other programs.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 26, 2021

(Date)



(Signature)

Gary Campbell (Jul 26, 2021 13:40 EDT)
(Signature of person in Item 2)

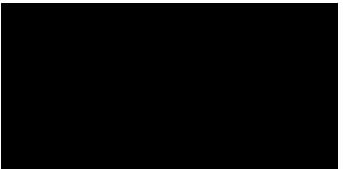
Page 1 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Campbell, Tristan
Address: 
City, State, Zip Code:
Home/Work Telephone:
Email Address:

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Oklahoma Baptist University (OBU)
Address: 500 W. University St.
City, State, Zip Code: Shawnee, OK, 74804
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

During his time at OBU, Tristan felt that he could not report a physical assault by a fellow student who was his romantic partner because of OBU's anti-LGBT culture and policies. The OBU administration fired Tristan from his Resident Assistant position because Tristan admitted to the Dean of Students that he is bisexual. The Dean also told Tristan that he was prohibited from coming out publicly on campus and that he could not guarantee Tristan's safety were Tristan to do so. After Tristan came out anyway, he learned that had been dismissed from OBU without receiving any notification. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) The discrimination against Tristan remains ongoing, because his bisexual orientation prevents him from being readmitted to complete his degree program. Although the initial act of discrimination took place more than 180 days ago, Tristan's complaint should not be considered time-barred because OBU continues to discriminate against Tristan and to promulgate policies and practices that discriminate against LGBTQ+ students.

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8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

Not applicable

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Tristan would also like OBU's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by OBU in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) OBU will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of

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conduct violations; and (5) OBU's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of OBU, including housing and other programs.

Compensation for emotional distress and economic consequences of expulsion.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)

Tristan Campbell

Tristan Campbell (Jul 24, 2021 15:43 CDT)

(Signature of person in Item 2)

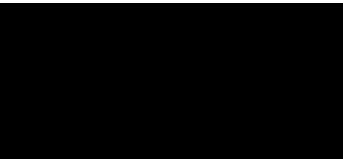
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Carter, Natalie
Address: 
City, State, Zip Code:
Home/Work Telephone:
Email Address:

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Toccoa Falls College
Address: 107 Kincaid Dr.
City, State, Zip Code: Toccoa Falls, GA, 30598
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation.

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Toccoa Falls publishes anti-LGBT policies in its student handbook. Because of this, Natalie cannot express her sexual orientation for fear of being disciplined or expelled. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Natalie's complaint should not be considered time-barred because Toccoa Falls continues to discriminate against Natalie and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No.

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

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Agency or Court: U.S. District Court - District of Oregon - Eugene Division**Date Filed:** 03/29/21**Case Number or Reference:** 6:21-cv-00474-AA**Results of Investigations/Findings by Agency or Court:** Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Natalie would also like Toccoa Falls' policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Toccoa Falls in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Toccoa Falls will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Toccoa Falls' non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Toccoa Falls, including housing and other programs.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/23/2021

(Date)

Jul 23, 2021

(Date)



(Signature)

Natalie Carter

Natalie Carter (Jul 23, 2021 19:21 EDT)

(Signature of person in Item 2)

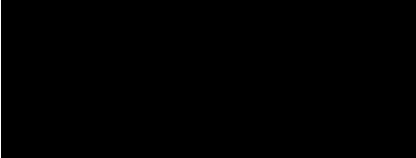
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Craig, Saren
Address: 
City, State, Zip Code:
Home/Work Telephone:
Email Address:

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: College of the Ozarks (C of O)
Address: 100 Opportunity Ave.
City, State, Zip Code: Point Lookout, MO, 65726
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

C of O publishes policies that discriminate against LGBT people. A gay student killed himself in a C of O dean's garage after receiving messages of rejection from his campus community. C of O's current policy on sexual orientation and gender identity states:

College of the Ozarks is guided by a long-standing traditional, biblical worldview which reflects the understanding that human sexuality is a gift from God, and that: sex assigned at birth is a person's God-given, objective gender, whether or not it differs from their internal sense of "gender identity" (Genesis 1:27; Leviticus 18:22; Matthew 19:4; Romans 1:26-27; 1 Corinthians 6:9-10); sexual relations are for the purpose of the procreation of human life and the uniting and strengthening of the marital bond in self-giving love, purposes that are to be achieved solely through heterosexual relationships in marriage (Genesis 1:28; 2:24; Exodus 20:14; Proverbs 5:15-23; Matthew 19:5; 1 Corinthians 6:12-20, 7:2-5; 1 Thessalonians 4:3).

Misuses of God's gift of human sexuality will be understood to include, but not be limited to gender expression inconsistent with sex assigned at birth (transgender), gender transition, sexual abuse, sexual harassment, sexual assault, heterosexual misconduct, homosexual conduct, or possession of pornographic materials. In addition, the College considers indiscreet public display of affection as inappropriate behavior...Toward this end, the College may subject to disciplinary action any employee or student who engages in or encourages:

- 1 . Gender expression inconsistent with sex assigned at birth;*
- 2 . Gender transition;*
- 3 . Sexual relations with a person other than his/her spouse;*
- 4 . Sexual relations with a person of the same sex;*
- 5 . Touching, caressing, and other physical conduct of a sexual nature with a person of the same sex;*
- 6 . Touching, caressing, and other physical conduct of a sexual nature with a person of the opposite sex that is inappropriate to the time and place in which it occurs .*

Disciplinary action may include disciplinary dismissal.

While Saren attended C of O, one of C of O's counselors came to their class and told students that if there was something in their past that they wanted to discuss, they could come and talk with her. Saren took the counselor up on her offer. In the course of the counseling, Saren informed the counselor that they were queer. Saren's campus counselor told Saren that their queerness was the result of their past abuse. This message from the counselor compounded the harm done by the abuse and caused Saren to become very depressed. Saren experienced this counseling as psychological abuse that increased their shame around sexuality. Saren eventually had to stop attending class at C of O because of their depression.

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6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Saren's complaint should not be considered time-barred because C of O continues to discriminate against Saren and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

Page 4 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Saren would like C of O's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by C of O in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) C of O will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) C of O's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Ozarks, including housing and other programs.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)

Saren Craig

Saren Craig (Jul

https://adobecancelledaccountschannel.na3.documents.adobe.com/verifier?
tx=CBJCHBCAABAAJK2RzRdYCp2yv9TwZk4PgxB-AOMkLXJx

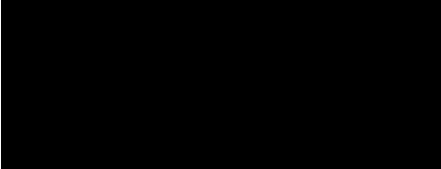
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren L.
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Alex Duron
Address: 
City, State, Zip Code:
Home/Work Telephone:
Email Address:

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Union University
Address: 1050 Union University Dr.
City, State, Zip Code: Jackson, TN 38305
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Alex applied to Union and was admitted for the Fall 2020 term. However, a few weeks before he was due to begin, Union revoked his admission upon learning of his sexual orientation. See attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) The discrimination against Alex remains ongoing, as his sexual orientation prevents him from being admitted to Union University. Although the initial act of discrimination took place more than 180 days ago, Alex's complaint should not be considered time-barred because of the ongoing discrimination.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

x No

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Alex would like Union University's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Union in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Union will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Union's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Union, including housing and other programs.

Compensation for emotional distress and economic consequences of revocation of acceptance.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/07/2021

(Date)

Jul 8, 2021

(Date)



(Signature)

Alex Duron

Alex Duron (Jul 8, 2021 13:37 PDT)

(Signature of person in Item 2)